

RCE/1600

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AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66692-028 (P-TB 4568)	
SERIAL NO: 09/765,693	FILING DATE: January 19, 2001	EXAMINER: M. Baker	GROUP ART UNIT: 1639 CONFIRMATION NO.: 6461
INVENTION: MULTI-PARTITE LIGANDS AND METHODS OF IDENTIFYING AND USING SAME			

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 19, 2003.

By: Deborah L. Cadena  
Deborah L. Cadena, Reg. No. 44,048

November 19, 2003  
Date of Signature

Transmitted herewith is a Supplemental Response to the Office action mailed May 19, 2003, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Three-Month Extension of Time is enclosed (in duplicate).
- ☒ Notice of Appeal (in duplicate).
- ☒ Request for Continued Examination (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

RECEIVED  
NOV 28 2003  
TECH CENTER 1600/2900

CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		FEE	
				SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	30	- 30	- 0	x \$9	\$18	= \$0.00	\$
INDEPEN- DENT CLAIMS	6	- 6	- 0	x \$42	\$84	= \$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	\$140	\$280	= \$0.00	\$
				TOTAL ADDITIONAL FEE		\$0.00	\$

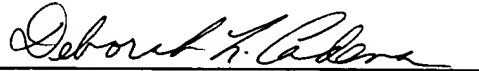
- \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

☒ Please charge my Deposit Account No. 502624 the amount of \$970.00, \$420.00 of which covers the fee for a three-month extension of time, \$165.00 which covers the notice of appeal fee and \$385.00 which covers the request for continued examination fee. A duplicate copy of this sheet is enclosed.

Inventor: Daniel S. Sem  
Serial No.: 09/765,693  
Filed: January 19, 2001  
Page 2

- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena  
Registration No. 44,048

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